

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> <i>(FOR USE WITH FORM PTO-875)</i>							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
<b>CLAIMS</b>													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
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TOTAL DEP.	27						TOTAL DEP.						
TOTAL CLAIMS	30						TOTAL CLAIMS						